


Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)				Complete If Known	
				Application Number	10/607,878
				Filing Date	June 27, 2003
				First Named Inventor	SHEHADA
				Art Unit	3737
				Examiner Name	IMAM, Ali M.
Sheet	1	of	1	Attorney Docket Number	064693-0070

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U.S. PUBLISHED PATENT APPLICATIONS				
Examiner Initials*	Cite No. ¹	Document Number Number -Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document

Examiner Signature		Date Considered	10-22-06
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 809. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language translation is attached.